



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 SECTION FOR MEDICAL MARIJUANA REGULATION  
 MEDICAL MARIJUANA REGULATORY PROGRAM  
**OWNERSHIP STRUCTURE FORM**

**OWNER INFORMATION** – Pursuant to 19 CSR 30-95.040, all entities that own any portion of the economic or voting interests of the applicant facility must be listed on this form. Natural persons whose ownership interest contributes to the facility’s claim that it is majority owned by Missouri residents must be listed on this form in their individual capacity and must include a residence address in the “Address” field as well as the name of the business entity in which he or she holds an economic or voting interest. Refer to 19 CSR 30-95.010 for applicable definitions. Use additional sheets as necessary.

|   |               |                            |                   |
|---|---------------|----------------------------|-------------------|
| BUSINESS ENTITY NAME AND TAX NUMBER   |               | % ECONOMIC INTEREST        | % VOTING INTEREST |
| LAST NAME   | FIRST NAME    |                            | MIDDLE INITIAL    |
| SOCIAL SECURITY NUMBER  |               | DATE OF BIRTH (MM-DD-YYYY) |                   |
| ADDRESS   |               |                            | UNIT/APT NO       |
| CITY  | STATE         | COUNTY                     | ZIP CODE          |
| PHONE NUMBER  | EMAIL ADDRESS |                            |                   |
| NATURAL PERSON CLAIMING RESIDENCY FOR PURPOSES OF MAJORITY OWNERSHIP CALCULATION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |               |                            |                   |

|   |               |                            |                   |
|---|---------------|----------------------------|-------------------|
| BUSINESS ENTITY NAME AND TAX NUMBER   |               | % ECONOMIC INTEREST        | % VOTING INTEREST |
| LAST NAME   | FIRST NAME    |                            | MIDDLE INITIAL    |
| SOCIAL SECURITY NUMBER  |               | DATE OF BIRTH (MM-DD-YYYY) |                   |
| ADDRESS   |               |                            | UNIT/APT NO       |
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| PHONE NUMBER  | EMAIL ADDRESS |                            |                   |
| NATURAL PERSON CLAIMING RESIDENCY FOR PURPOSES OF MAJORITY OWNERSHIP CALCULATION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |               |                            |                   |

|   |               |                            |                   |
|---|---------------|----------------------------|-------------------|
| BUSINESS ENTITY NAME AND TAX NUMBER   |               | % ECONOMIC INTEREST        | % VOTING INTEREST |
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| PHONE NUMBER  | EMAIL ADDRESS |                            |                   |
| NATURAL PERSON CLAIMING RESIDENCY FOR PURPOSES OF MAJORITY OWNERSHIP CALCULATION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |               |                            |                   |